

Mr. STARK. I reserve the balance of my time.

Mr. BARTON of Texas. I'm going to try one more time here.

Mr. Speaker, I ask unanimous consent that there be 1 hour of additional time allotted on the pending legislation, equally divided between the majority and the minority, and, within that, equally divided between the Ways and Means Committee and the Energy and Commerce Committee.

Mr. STARK. Reserving the right to object.

The SPEAKER pro tempore. The gentleman reserves the right to object.

Mr. DINGELL. And I make a similar reservation.

Mr. STARK. If I could inquire of the distinguished gentleman from Texas, it's my understanding that this unanimous consent request has been negotiated between the majority and minority leadership.

Mr. BARTON of Texas. We share the same understanding.

Mr. STARK. And as part of it that we would proceed expeditiously to use the debate, move to passage, and without intervening stalling motions.

Mr. BARTON of Texas. We have the same understanding.

Mr. STARK. Then I withdraw my reservation.

Mr. DINGELL. I have no objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BARTON of Texas. Hallelujah.

Mr. Speaker, at this point in time, I reserve my time.

Mr. STARK. Mr. Speaker, with this new-found wealth of time, I'm happy to yield 1 minute to the senior member of the Health Ways and Means Subcommittee, the gentleman from Texas (Mr. DOGGETT), who understands that the Lance Armstrong Foundation has urged a vote in favor of 3162, a legislation scored as a key vote for people affected by cancer; and Mr. Armstrong is a constituent of Mr. DOGGETT.

Mr. DOGGETT. Surely if Lance Armstrong can overcome mountains in France, we can overcome the mountains of obstructionism and of excuses to provide our children and our seniors the health coverage that they need.

By including significant portions of two Medicare bills that I filed, today's legislation supports grandparents as well as grandchildren. All seniors would get preventive care, and many of the 3.3 million poor seniors not receiving any help today would get the extra help for which they qualify.

Today, those seniors most in need are often least aware that help exists. We must identify and notify those entitled to extra help with prescription drugs and simplify the application process.

We also ensure that drug coverage is not lost by our seniors who saved a small nest egg or receive help and groceries from their children—behavior that we ought to encourage, not punish.

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Importantly, we mandate that patients suffering from cancer, AIDS, and mental illness receive access to life-saving medications. Without this protection, vulnerable patients are held hostage by "cost cutting decisions" by private insurance companies.

While Lance inspires us to live strong, we can "vote strong" and improve the lives of children, seniors, and Americans fighting to get well again. Approve this important legislation.

Mr. BARTON of Texas. Mr. Speaker, could I inquire as to how much time there is remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 34½ minutes remaining; the gentleman from California has 31½ minutes remaining; the gentleman from Texas has 20 minutes remaining; and the gentleman from Louisiana has 45 minutes remaining.

Mr. BARTON of Texas. Mr. Speaker, I yield 2½ minutes to a distinguished member from the great State of Georgia, Dr. GINGREY.

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I want to talk about policy and process.

This is a situation where in the process the voices on both sides of the aisle have literally been shut down by bringing forward one of the most important pieces of legislation, I think, that I have had to discuss in the 4½ years that I have been a Member of this Congress. To say to the 11 position Members, almost equally divided between the Democrats and the Republicans, that we don't want to hear your voice, we don't want to hear some amendments that you might want to proffer because you have spent maybe 30 years, in my case maybe 25 years, 250 years in the aggregate of these 11 physicians' practicing medicine, no one being able to bring meaningful amendments to this issue.

The other side has talked many times about the Republican former majority running up this massive debt and borrowing money from the Chinese. I am going to tell you something. This might be a time, Mr. Speaker, where the new majority should borrow this \$75 billion massive expansion of the SCHIP program from the Chinese rather than getting the money off the backs of our Medicare recipients under Medicare Advantage, 8 million of whom choose that option, and many of those are the lowest income; and also encouraging 22 million people to become addicted to smoking so they could raise this revenue. The chairman says it is a modest increase in tax on a pack of cigarettes. Indeed, Mr. Speaker, it doubles the tax on a pack of cigarettes.

So we have a better idea. I am opposed to this bill in its present form, and I support the Republican motion to recommit, which is the Barton-Deal bill, which says, look, we will cover children that are slipping through the cracks. The CBO estimates, Mr. Speaker, that 600,000 children have fallen through the cracks. They are in that

group 100 to 200 percent of the Federal poverty level. Under the Barton-Deal plan, we can cover them and we will do that. We don't need to increase the funding by \$50 billion and start covering children who already have health insurance because their families make more than \$100,000 a year.

Mr. DINGELL. Mr. Speaker, at this time, I yield 2 minutes to the distinguished gentleman from Maine (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, there are 11 million reasons to vote for this bill, and each is a child in a working-class family who will grow up healthier and stronger as a result of its passage.

Every dollar we invest in the SCHIP program saves money over time. The children we cover are far less likely to require more expensive health care later on, far more likely to be better achievers in school and much better prepared to become productive adults.

SCHIP today provides health care to 6 million children. This bill will cover an additional 5 million children who qualify for SCHIP but today lack coverage.

Maine has developed one of the best SCHIP programs in the Nation. This bill offers States the flexibility to tailor outreach efforts to their specific needs and capacities. Failure to pass this legislation would mean the loss of health coverage for millions of children. But every child should have access to quality, affordable health care.

I am proud of the comparative effectiveness research provision in this bill. It will reduce health care costs and improve quality for all Americans. It does that by providing doctors and their patients with valid evidence-based information on how different treatments for particular medical conditions compare to one another. This data can help doctors and their patients determine whether or not new or high-priced drugs, devices, and other medical treatments provide better clinical outcomes.

This is a critically important piece of legislation. It helps our kids. It preserves Medicare for our seniors. It makes sure our physicians and other providers are adequately reimbursed. I urge my colleagues to support this legislation.

Mr. BARTON of Texas. Mr. Speaker, I yield 1½ minutes to the gentleman from Georgia, Dr. PRICE.

(Mr. PRICE of Georgia asked and was given permission to revise and extend his remarks.)

Mr. PRICE of Georgia. Mr. Speaker, I appreciate the opportunity.

I have in my hand here a letter from the American Association for Homecare, Coalition for Pulmonary Fibrosis, the COPD Alert, the Council for Quality Respiratory Care, and the National Emphysema/COPD Association asking us not to vote for this bill that would enact cuts in their programs.

As a physician, I understand the negative consequences of greater governmental involvement in health care.